

Reptile History Form



Pet Name: _____ **Date:** _____

1. Patient Information

Species: _____ Age: _____ Sex: _____

Where did you get your pet? _____ Length of time owned? _____

Number of previous owners (other than the breeder or pet store): _____

How often is your pet handled? Daily Occasionally Never

Is your pet ever taken outside? No Yes If yes, for how long? _____

When was the last shed? _____

Any trouble shedding? No Yes If yes, specify: _____

Fecal consistency? _____

2. Environment/Husbandry

Type of cage/habitat is used? Arboreal (tall, climbing) Terrestrial (primarily ground) Aquatic

Cage size: _____

What is the cage made of? Plastic/fiberglass Wooden Metal Glass Other: _____

What décor or furnishings are present? _____

What type of material or substrate is used to line the bottom of the cage? _____

Frequency of cage cleaning: _____ Type of disinfectant used to clean cage: _____

Type of lighting: _____ How often is the light bulb changed? _____

Does your pet have access to sunlight (not through glass or plastic)? No Yes

If yes, how many hours per day or per week does your pet get? _____

Temperature within cage: Minimum _____

Maximum _____

Basking Area _____

Humidity level: _____ Heat source/heating equipment used: _____

How do you measure temperature within the cage? _____

Any other reptiles in the home? No Yes If yes, specify _____

Please turn over

Are reptiles housed together or individually? _____

If not housed together, where are the other reptiles located? _____

Any other pets in the household (cats, dogs, etc.)? No Yes If yes, specify _____

Any new reptiles introduced into the home within the last 6 months? No Yes

Please list recent changes in the environment, if any: _____

3. Diet/Supplements

Amount and type of food: _____

Frequency fed: _____

Amount and type of vegetables and fruits: _____

Other: _____ Amount/type: _____

How often do you change your pet's food? _____

Do you supplement the diet with any vitamins (brand, frequency, route)? _____

Please describe any recent changes to your pet's diet: _____

Water source: _____ How often is the water changed? _____

4. Reproductive

Has your pet been bred before? _____ Do you plan on breeding this pet in the future? _____

How many times has the pet been bred and when was it last bred? _____

5. General Health

If your pet is ill, what signs/symptoms has your pet had? Please circle:

Decreased Appetite

Decreased Water Intake

Listlessness

Weight Loss

Diarrhea

Constipation

Difficulty Breathing

Lameness/Limping

Skin Issue

Other: _____

Has your pet had any previous illnesses or surgeries? _____

Is your pet currently or recently been on any medications? If yes, please list: _____

Do you have any other questions or concerns? _____